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Bib Data Sheet

CONFIRMATION NO. 7105

SERIAL NUMBER 09/982,010	FILING DATE 10/19/2001  RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 0020-4914P-SP
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2000-319330 10/19/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/21/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

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## TITLE

Medical diagnosis system and diagnosis-processing method thereof

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